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Bib Data Sheet

CONFIRMATION NO. 7095

SERIAL NUMBER 10/742,893	FILING DATE 12/23/2003 RULE	CLASS 455	GROUP ART UNIT 2618	ATTORNEY DOCKET NO. P-6224-US
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APPLICANTS

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** CONTINUING DATA *****

None do

** FOREIGN APPLICATIONS *****

None do

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	ISRAEL	6	30	5
Examiner's Signature <i>[Signature]</i> Initials				

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TITLE

Bipolar modulator

FILING FEE RECEIVED 1122	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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